FILE NOW: Fee after May 1, will be \$588.75

ANNUAL PEDODT Sandra B. Mortham	D	
	FILED 97 MAY -6 PM 1:40	
	, -	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address DOCLIMENT # 0.7.00.000.000.000.000		
of Limited Liability Company		
PALM BEACH ASSETS, L.C. 3910 RCA BLVD. SUITE 1011 1a. Principal Place of Business Address 3910 RCA BLVD. SUITE 1011		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS	5 FL 33410	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. S	State of Formation	
SAME 05/23/1995 FL		
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number	Applied For	
City & State	Not Applicable	
5. Date of Last Report 8. Ce	Certificate of Status Desired	
Zip Country Zip Country 05/01/1996	/s Ashlumal Fee Regoice	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registers Name	ered Agent	
S, JOHN C		
SULTE 1011 STOUD Street Address (P.O. Box Number is Not Acceptable)		
APM REACH GARDENS FI. 33410 Sulle, Apt. #, etc. #***203.75 *****203.75		
City Zip C	Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		
SIGNATURE		
	e and Zip Code	
MGRM BILLS, JOHN C 3910 RCA BLVD. FALM BEACH	H GARDENS FI.	
MGRM BILLS, VIRGINIA K 3910 RCA BLVD. PALM BEACH	H GARDENS FL	
MGRM THOMAS D. & BONNIE T. 30 E. DURANT, SUITE 200 ASPEN CO		
	35-12-97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.		
SIGNATURE: JOHN C. BILLS APR 15 1997 SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Delig Delig		